

Description

JOINT SOCKET FOR A HIP ENDOPROSTHESIS

The invention relates to a joint socket for a hip endoprosthesis according to the preamble of claim 1.

In the case of total hip endoprostheses, a prosthesis stem having a joint head is inserted into the femur. A joint socket, which serves as a bearing shell for the joint head, is implanted in the pelvic bone. It is known to construct the joint socket from a socket shell and a socket insert. The socket shell can be optimised with regard to implantation in the pelvic bone, whereas the socket insert can be optimised with regard to the bearing properties for the joint head. In that case the socket shell is so formed and so positioned in the pelvic bone as to allow ingrowth that is as stable as possible by the socket shell in the pelvic bone. The socket insert can be oriented in the socket shell in such a way that the joint head is accommodated so that the prosthesis stem and accordingly the femur of the patient are as far as possible in the correct orthopaedic position.

From EP 0 663 193 A1 there is known a joint socket wherein the socket insert has a spherical outer surface and that spherical outer surface is seated in a spherical accommodating space - of the same spherical radius - of the socket shell. Therefore, when the socket insert has been inserted into the socket shell, the socket insert can be rotated at will about its axis of rotation and its axis of rotation can be tilted at will with respect to the axis of rotation of the accommodating space. As a result, it is possible for the socket shell to be positioned in the pelvic bone in accordance with the bone structure. The socket insert can be oriented in accordance with the orthopaedic position of the prosthesis stem inserted into the femur. In order to fix the socket insert in its position within the socket shell, the inner spherical surface of the accommodating space of the socket shell has pointed projecting teeth which engage in the outer surface of the socket insert. Because the teeth have to dig into the outer surface of the socket insert, there are limitations with respect to the choice of material for the socket insert. Pressing the socket insert onto the teeth of the socket shell makes it difficult for the socket insert to be inserted in a precisely positioned manner.

The problem underlying the invention is to provide a joint socket for a hip endoprosthesis which allows the socket insert to be freely oriented in relation to the socket shell with high precision and nicety.

The problem is solved in accordance with the invention by a joint socket having the features of claim 1.

Advantageous embodiments of the invention are given in the subordinate claims.

In accordance with the invention, the joint socket has a socket insert which, by virtue of its spherical outer surface, allows free rotation and tilting in the socket shell. The socket shell can therefore be implanted in accordance with the anatomy and structure of the pelvic bone, so that optimum conditions for ingrowth can be achieved. The socket insert can be so rotated in the socket shell and its axis of rotation can be so tilted in relation to the axis of rotation of the socket shell that the axis of rotation of the socket insert is aligned with the axis of the shaft neck of the prosthesis stem when the femur with the inserted prosthesis stem is arranged in the optimum orthopaedic position. The spherical outer surface of the socket insert is in contact with the inner surface of the accommodating space along a circumferential line which is concentrically arranged with respect to the axis of rotation of the accommodating space. That line contact makes it possible for the socket insert to be readily rotated and tilted in the accommodating space so that the socket insert can be optimally oriented in terms of its position. Once the socket insert has been oriented, slight pressure is sufficient to press the socket insert into the narrowing accommodating space, whereupon the socket insert becomes clamped in the accommodating space in self-retaining manner. The self-retaining clamping brings about fixing of the socket insert in the socket shell with a high degree of stability; loading of the joint causes additional pressing of the socket insert into the socket shell so that fixing of the socket shell is additionally strengthened.

Because fixing of the optimally oriented socket insert results from its being simply pressed into the accommodating space, this fixing is simple to carry out and does not require any additional instruments or additional fixing means. The self-retaining clamping is established with a minimal amount of displacement of the socket insert into the accommodating space so that unintentional misalignment of the socket insert orientation cannot occur in the course of fixing the socket insert in position.

In the case of an implanted prosthesis, the shank neck of the prosthesis stem can, in unfavourable cases, make contact with the edge of the joint socket (so-called impingement). As a result thereof, the prosthesis stem exerts leverage on the joint socket. In the case of customary joint sockets, in which the socket insert is held in the socket shell with an interlocking fit, that leverage can result in the entire joint socket's being levered out from the pelvic bone or at least becoming loose in the pelvic bone. Because, in accordance with the invention, the socket insert is merely pressed into the accommodating space of the socket shell, such leverage in an unfavourable case merely causes loosening of the socket insert in the socket shell in the case of the joint socket according to the invention. When the joint is subsequently subjected to normal loading, the socket insert is pressed back into the accommodating space of the socket shell and is again firmly clamped and fixed.

In a preferred embodiment, the inner surface of the accommodating space of the socket shell is, at least in the region of the line of contact, in the form of a cone that narrows towards the pole of the accommodating space. As a result thereof, simple manufacture is possible. The conical surface additionally ensures especially effective self-retaining. As the cone angle, that is to say the angle between the mid-axis of the cone and the line of the lateral surface of the cone, there is selected the self-retaining angle corresponding to the material pairing of socket shell and socket insert. Usually, that cone angle is, depending on the material pairing, about from 4° to 10° .

In order to bring about reliable clamping of the socket insert in the socket shell, the socket insert and the socket shell are made from a hard material. The socket shell is preferably manufactured from a biocompatible material, for example a titanium alloy. For the socket insert there can be selected a material corresponding to the sliding characteristics pairing of socket shell and joint head, for example a metallic or ceramic material or a plastics material.

The invention is explained in greater detail hereinbelow with reference to an exemplary embodiment shown in the drawings, in which:

Figure 1 shows a total hip endoprosthesis, and

Figure 2 is an axial section through the joint socket of that prosthesis.

The total hip endoprosthesis consists of a joint socket, which is implantable in the pelvic bone 10, and a prosthesis stem 12, which is inserted into the femur 40. The prosthesis stem 12 has a shaft neck 14, on which a joint head 16 sits, which will be held in the joint socket.

The joint socket separately shown in Figure 2 consists of a socket shell 18 and a socket insert 20. The socket shell 18 is inserted in the pelvic bone 10 in a manner known *per se*. For that purpose, the socket shell 18 can be fixed in the pelvic bone 10 by means of additional screws. The socket shell 18 can be in the form of a screw socket, which has a thread on its outer surface, in the form of a press-in socket, which is formed having a suitable structure 22 on its outer surface, as shown by way of example in Figure 2, or in the form of a re-operation socket, as is described, for example, in EP 0 663 193 A1.

The substantially hemispherical socket shell 18 is recessed by means of an accommodating space 24, which is open to the equatorial plane. The accommodating space 24 has rotational symmetry with respect to the mid-axis 26 of the socket shell 18. The accommodating space 24 has an internal surface 28 in the form of a straight circular cone which becomes narrower from the opening located in the equatorial plane towards the pole of the socket shell 18. The base 30 of the accommodating space 24 in the pole region is flattened off. The cone angle of the conical inner surface 28, that is to say the angle included between the axis of rotation 26 and the lateral line of the inner surface 28, is so selected in dependence on the material pairing of socket shell 18 and socket insert 20 that self-retaining will come about. That angle is preferably about from 4° to 10°. In the case of a metallic socket shell 18, for example, a self-retaining cone angle of about 4.5° is established for a metallic socket insert 20 and a self-retaining cone angle of about 9.5° for a ceramic socket insert 20.

The socket insert 20 is likewise of substantially hemispherical shape. The outer surface 32 of the socket insert 20 is spherically shaped at least in the region in which that outer surface 32 comes into contact with the inner surface 28 of the accommodating space 24. The diameter of the outer surface 32 corresponds to the diameter of the inner surface 28 at a line of contact 34, which extends, spaced somewhat (about from 5 mm

to 15 mm) away from the equatorial opening plane, inside the accommodating space 24 concentrically with respect to the axis of rotation 26.

The socket insert 20 has a recessed spherical bearing surface 36, which serves to accommodate, and provide a bearing for, the joint head 16. The spherical outer surface 32 and the spherical bearing surface 36 are rotationally symmetrical with respect to an axis of rotation 38 of the socket insert 20.

The socket shell 18 is inserted in the pelvic bone 10, as shown in Figure 1, the arrangement of the socket shell 18 in the pelvic bone 10 being selected in accordance with the anatomy and structure of the pelvic bone 10. The socket insert 20 is then loosely inserted in the accommodating space 24 of the socket shell 18. The outer surface 32 of the socket insert 20 comes into contact with the conical inner surface 28 of the accommodating space 24 along the line of contact 34. The socket insert 20 can then be rotated at will about its axis of rotation 38 and the axis of rotation 38 of the socket insert 20 can be tilted at will with respect to the axis of rotation 26 of the socket shell 18.

The prosthesis stem 12 is hammered into the cleared marrow cavity of the femur 40, the prosthesis stem 12 possibly adapting very slightly, in terms of its rotational position, to the bone structure of the femur. As a result, the position and orientation of the shaft neck 14 together with the joint head 16 become fixed in relation to the femur. The joint head 16 is then inserted into the bearing surface 36 of the socket insert 20, and the femur 40 together with the prosthesis stem 12 is brought into the optimum orthopaedic position. The socket insert 20 can then be oriented in accordance with that positioning. As soon as the socket insert 20 has been optimally oriented, the socket insert 20 is pressed axially into the accommodating space 24 so that it is clamped in self-retaining manner in that orientation position.

List of reference numerals

10	pelvic bone
12	prosthesis stem
14	shaft neck
16	joint head
18	socket shell
20	socket insert
22	structure
24	accommodating space
26	mid-axis of socket shell
28	inner surface
30	base in pole region
32	outer surface
34	line of contact
36	spherical bearing surface
38	axis of rotation of socket insert
40	femur